REQUEST FOR CRISIS PURCHASE OF SERVICE PURSUANT TO SECTION 103F-406, HRS STATE PROBURE STATE OF

To:

Chief Procurement Officer

From:

Health/Developmental Disabilities Division

Department/Division/Branch/Office/Program

Pursuant to Section 103F-406, HRS, and Chapter 3-147, HAR, the Department Head has determined a crisis condition exists and requests approval to make a crisis purchase for the following:

Title and description of health and human service(s):

Transitional residential support services for an adult female with developmental disabilities/mental retardation, psychiatric disorder, with challenging behaviors. Individual had been hospitalized for an extended period of time (beyond the normal period for the injury). These residential services need to be provided under a quasi-medical behavioral model whereby the individual's services are directed by the behavior support plan. Due in part to the nature of the individual's needs, service requirements also include documentation of plan implementation and modifications as well as staff training for implementation.

There is \$80,000.00 still left of purchase order that we would like to utilize and as client's final disposition is still pending, we hope to have client placed by end of period indentified below. Additional funds are also needed to before final placement. Due to complexity of this case at this time and final disposition within timeline, program does not want case further jeopardized by changing vendors at this time. Program also understands that this is final disposition on this request.

Provider Name:	Contract Amount: (\$300,000 orig amount) adjusted amount would	
BCP, Inc. dba Nursefinders of Hawaii	be an additional \$100,000 to total \$400,000	
Provider Address:	Term of Contract:	
1100 Ward Avenue, Suite 770	From:	To:
Honolulu, HI 96814	September 1, 2005	November 11, 2005
	(Orig. 5/12/2005 to	ŕ
	8/31/2005)	

Nature of the crisis condition (pursuant to section §3-147-201, HAR):

The individual sustained injuries which required hospitalization, however, she remained in the hospital significantly more than the usual and cusotmary period. Hospital demanded that the Department of Health Developmental Disabilities Division find a residential option for the individual immediately. DOH adminstrators intervened with the guardian to negotiate an interim arrangement whereby the individual would be supported without jeopardizing health and safety. Because of her presenting conditions (which had been exacerbated by her hospitalization), particularly her challenging behaviors, the Department, agreed to provide 1:1 and 2:1 personal assistance supports directed by a behavior team to ensure her health and safety during her transition to Maui. Initially, this team is expected to be available, on-call, to address her challenging behaviors and it is anticipated that communications between team members, case manager, and guardian will be intense - beyond what is normal. As mentioned above the program is in the final phases of placement and at this time would not want to jeopardize placement by changing vendor and disrupting clients environment until placement is achieved.

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Reason for selection of provider (including description of practicable competition):
Because of the residential location on Maui, there are limited providers with both the expertise and trained staff to implement and monitor behavior support plans. The selected provider has staffing and experience to provide the required services..

In addition, provider is a contracted Medicaid waiver provider. Services, after stabilization period, will be transitioned to funding under the Home and Community Based Services - DD/MR waiver.

For requests made after the purchase, explanation why it was not practicable to request approval prior to the purchase:

Staff had been working with the guardian to locate residential options. However, guardian had deferred decision making and had objected to options presented. In the interim, hospital called the Department for discharge and administrative decisions were made to meet hospital demands as well as client's and guardian's needs.

Crisis purchases of service are limited to current needs only. Justification for length of contract: Contract is limited to transition period from May through August, 2005. Due to the dearth of available and appropriate resources on Maui, transition period needs to ensure stabilization.

Description of the state agency's internal controls and approval requirements for the purchase: Department of Health has limited providers who have contracts with the Department of Human Services as Medicaid waiver providers. Furthermore, given the nature of the situation, selected provider must additionally have expertise and staffing to fulfull requirements and be able to provide services on Maui.

A list of state agency personnel, by position title, who will be involved in the approval process and administration of the contract:

Dr. Linda Rosen, Deputy Director, Health Resources Administration, Department of Health

Dr. David Fray, Chief, Developmental Disabilities Division

Trudy Murakami, PHAO, Developmental Disabiliteis Division

Direct questions to (Name and Position): Dr. David Fray, Chief, DDD	Phone Number: 586-5840	e-mail Address: dffray@mail.health.state.hi.us
I certify that the information provided abo	ove is to the best of m	y knowledge true and correct.
Departifing Head from the Man	OCT 2 4 20	005
Chiyome Leinaala Fukino, M.D.	Director of Hea	lth

Position Title

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Chief Procurement Officer's Comme	nts:	
Please ensure adherence to applicable	administrative requirements.	
Approved Denied	Chief Procurement Officer Typh	11/02/05